

Standard and Transmission Based Precautions



What are the main 10 elements to remember for Standard IPC precautions?

1. Assessment of infection risk – Includes placement / cohorting in ambulances
2. Hand hygiene
3. Respiratory and cough hygiene
4. Appropriate use of Personal protective equipment
5. Safe management / decontamination of the care environment
6. Safe management / decontamination of care equipment
7. Safe management of healthcare linen
8. Safe management of blood and body fluids
9. Safe disposal of waste (including sharps)
10. Occupational safety/managing prevention of exposure (including sharps)

What are Transmission based precautions?

SICPs may be insufficient to prevent cross transmission of specific infectious agents and additional precautions (TBPs) may be required when caring for patients with known / suspected infection or colonisation.

Transmission based precautions are categorised by the route of transmission of infectious agents (some infectious agents can be transmitted by more than one route).

Clinical judgement and decisions should be made by staff on what additional precautions are required and this will be based on:

















- suspected/known infectious agent
- severity of the illness caused
- transmission route of the infectious agent
- care setting and procedures undertaken.

IPC Precautions	Why is this used?	PPE to be considered and risk assessed
Standard	<p>Used by all staff, in all care settings, at all times, for all patients whether infection is known to be present or not, to ensure the safety of those being cared for, staff and visitors in the care environment.</p> <p>The application of SICPs during care delivery is determined by assessing risk to and from individuals. This includes the task, level of interaction and/or the anticipated level of exposure to blood and/or other body fluids.</p>	All PPE should be risk assessed depending on patient's clinical condition.
Contact	Used to prevent and control infections that spread via direct contact with the patient or indirectly from the patient's immediate care environment (including care equipment). This is the most common route of cross-infection transmission.	<ul style="list-style-type: none"> ➤ Gloves ➤ Apron (A long sleeved gown may need to be considered) <p>All other PPE should be risk assessed.</p>
Droplet	Used to prevent and control infections spread over short distances (at least 3 feet or 1 metre) via droplets from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual. Droplets penetrate the respiratory system to above the alveolar level.	<ul style="list-style-type: none"> ➤ Gloves ➤ Apron (A long sleeved gown may need to be considered) ➤ Fluid Resistant Surgical Mask ➤ An FFP3 mask may be required for some organisms or AGPs (See list below). ➤ Eye protection <p>All other PPE should be risk assessed.</p>
Airborne	Used to prevent and control infections spread without necessarily having close patient contact via aerosols from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual. Aerosols penetrate the respiratory system to the alveolar level.	<ul style="list-style-type: none"> ➤ Gloves ➤ Apron ➤ A long sleeved gown or coverall ➤ FFP3 mask ➤ Eye protection <p>All other PPE should be risk assessed.</p>

Practice points to remember!

- Hand Hygiene should always be completed at the 5 moments to ensure patient and staff safety.
- Gloves are not an alternative to hand hygiene. Gloves must always be removed after each task on the same patient and hand hygiene performed as per the 5 moments for hand hygiene.
- All PPE should be donned directly prior to patient contact and doffed as soon as patient contact completed
- Staff should always ensure their own personal safety when donning and doffing PPE. This includes in Ambulances, patient's own home and other healthcare facilities.

Aid to help risk assessment of PPE

TBPs	Gloves	Apron	Gown	Fluid resistant surgical mask (FRSM)	Respiratory Protective Equipment (RPE)	Eye/face protection
Contact precautions  Unless exposure to blood or body fluid, mucous membranes, or non-intact skin is anticipated or footnote 1 applies ¹			 Unless in place of an apron if extensive spraying or splashing is anticipated	 Unless risk of splashing or spraying of blood or body fluids is anticipated or footnote 2 applies ²		 Unless risk of splashing or spraying of blood or body fluids is anticipated
Droplet precautions			 Unless in place of an apron if extensive spraying or splashing is anticipated			
Airborne precautions						

Please note that the gown can be substituted for a coverall.

For High Consequence Infectious Diseases including Viral Haemorrhagic Fever – please contact the IPC team for urgent support.

Aerosol Generating Procedures (AGPs)

AGPs are medical procedures that can result in the release of aerosols from the respiratory tract. The criteria for an AGP are a high risk of aerosol generation and increased risk of transmission (from patients with a known or suspected respiratory infection).

The list of medical procedures that are considered to be aerosol generating and associated with an increased risk of respiratory transmission is:

- *bronchoscopy (including awake tracheal intubation)
- *ear, nose, and throat (ENT) airway procedures that involve respiratory suctioning
- *upper gastro-intestinal endoscopy
- dental procedures (using high speed or high frequency devices, for example ultrasonic scalers/high speed drills)
- induction of sputum
- respiratory tract suctioning**
- surgery or post-mortem procedures (like high speed cutting / drilling) likely to produce aerosol from the respiratory tract (upper or lower) or sinuses.
- tracheostomy procedures (insertion or removal).

*where patients are having 'conscious' sedation (excluding anaesthetised patients with secured airway)

** The available evidence relating to respiratory tract suctioning is associated with ventilation. It was the consensus view of the UK IPC cell (During the COVID-19 pandemic) that only open suctioning beyond the oro-pharynx is currently considered an AGP; oral/pharyngeal suctioning is not an AGP.